**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**
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**DALLAS, TEXAS 75231**
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**DATE OF REVIEW:** March 13, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right lumbar sympathetic block with Phenol, under Fluoroscopic guidance (CPT 64680-22, 76005, 99144, 99070-AS, 99071-ST

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- Employer's First Report of Injury or Illness
- 09/14/06
- TWCC-73, 08/23/06, 08/30/06, 09/06/06, 09/14/06, undated, 10/13/06, 11/17/06, undated, 05/08/07, 06/05/07, 10/30/07, 11/02/06

- Clinic, 08/30/06, 09/06/06
- D.P.M., 09/14/06
- P.A.
- DWC-150, 09/19/06, 07/26/07
- Injury Lawyers, 09/21/06
- Institute, 09/22/06, 09/26/06, 10/13/06, 10/17/06, 10/25/06, 11/02/06, 02/13/07, 03/06/07, 04/10/07, 05/08/07, undated, 06/05/07, 10/30/07
- Spa, 09/22/06, 04/11/07, 05/11/07
- 09/25/06, 01/24/07, 09/18/07, 11/02/07
- 09/26/06, 10/04/06, 11/21/06
- M.D., 10/02/06, 11/08/06, 11/28/06, 12/26/06
- 10/02/06, 11/29/06, 04/18/07, 05/24/07, 05/31/07
- M.D., 10/10/06, 02/20/07, 09/28/07
- 10/10/06
- 10/12/06, 02/23/07, 10/03/07
- 10/13/06
- DWC-53, 11/02/06
- 11/27/06, 11/27/06
- M.D., 11/30/06
- 12/19/06, 06/06/07
- M.D., 01/15/07, 06/04/07
- Texas Department of Insurance, 02/01/07, 06/07/07, 09/27/07
- 02/07/07
- D.O., 04/17/07, 05/23/07, 05/29/07
- D.O., 05/30/07
- 6/5/07
- 06/07/07, 06/25/07
- Attorneys at Law, undated
- IRO Reviewer Report Template, 06/25/07
- 08/10/07
- DWC-69, 08/22/07
- Evaluation Centers, 08/22/07

Medical records from the URA include:

- Official Disability Guidelines, 2007
- Pain Institute, 09/22/06, 11/2/06, 12/19/06, 12/01/06, 01/30/07, 02/13/07, 03/06/07, 04/10/07, 05/08/07, 05/21/07, 06/05/07, 06/19/07, 07/10/07, 09/13/07, 10/30/07, 02/12/08
- TWCC-73, 10/30/07

Medical records from the Requestor include:

- 03/04/08
- 08/23/06, 08/30/06, 09/06/06
- D.P.M., 09/14/06
- P.A., 09/15/06
- 09/19/06, 10/13/06
- Pain Institute, 09/22/06, 10/11/06, 10/18/06, 11/02/06, 11/29/06, 12/01/06, 12/18/06, 12/19/06, 12/20/06, 12/21/06, 01/30/07, 02/13/07, 05/01/07
- Spa, 09/22/06, 05/17/07
- M.D., 10/02/06, 12/26/06
- M.D., 10/10/06
- 10/02/06, 05/24/07, 05/31/07, 02/18/08, 02/25/08
- DWC-69, 01/15/07
- M.D., 01/15/07
- D.O., 05/23/07
- D.O., 05/30/07

**PATIENT CLINICAL HISTORY:**

The patient is a female with a reported date of injury of xx/xx/xxxx. The patient sustained a contusion to the right foot, which appears to have reportedly been immobilized for an inappropriately long period of time. It is not clear if the patient underwent extensive, aggressive physical therapy and remobilization to the lower extremity. The patient, however, has undergone sympathetic nerve blocks secondary to a diagnosis by the requesting provider of complex regional pain syndrome. However, the patient has undergone multiple Required Medical Evaluations of which reportedly reveal no evidence of complex regional pain syndrome.

The patient underwent a designated doctor evaluation on January 15, 2007, was placed at maximum medical improvement as of October 1, 2006, and assigned 0% whole person impairment rating.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Reportedly, it does not appear the patient has sustained any benefits from prior lumbar sympathetic nerve blocks. The requesting provider has been refuting the statement submitted by the RME physicians. After reviewing the information submitted, it is the opinion of this reviewer that the previous non-certification for a right-sided lumbar sympathetic nerve block be upheld. There are multiple discrepancies and clinical evaluations/findings with regard to the patient's diagnosis of complex regional pain syndrome. In addition, if the patient did have

complex regional pain syndrome of which she does not, performing sympathetic blockade with Phenol solution is not the recommended treatment of choice following positive diagnostic responses to sympathetic blocks with local anesthetics. Using Phenol for a neurolysis type medium is associated with multiple complications to include neuralgia of the genitofemoral nerve, necrosis of the psoas muscle, and possible sloughing of the ureter.

**DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)** Interventional Pain Management Textbook, 2nd Edition, edited Dr. Steven D. Waldman, Chapter 43, under Lumbar Sympathetic Nerve Block and Neurolysis.